

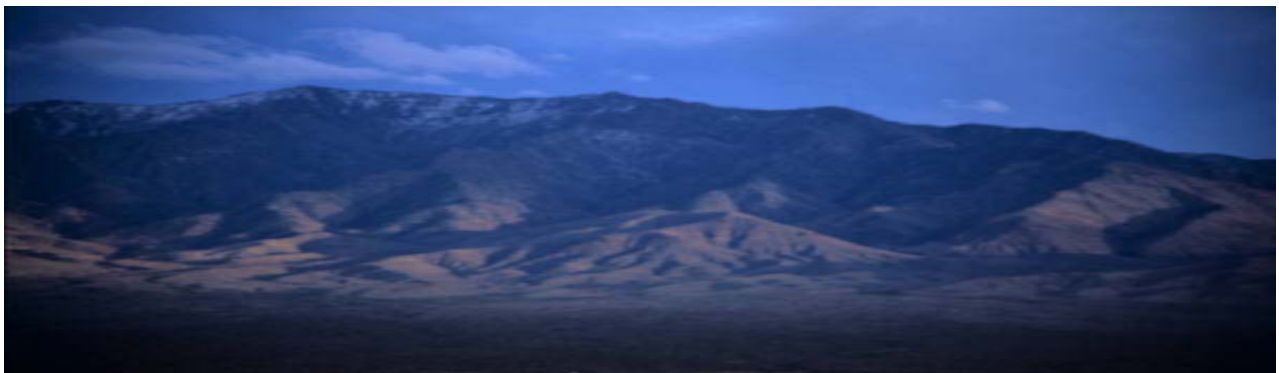


BIENNIAL REPORT

2000-2001

Nevada State Health Division
Department of Human Resources

505 East King Street, Suite 201, Carson City, Nevada 89701 (775) 684-4200



Kenny C. Guinn, Governor
Michael J. Willden, Director
Department of Human Resources
October 23, 2002

Yvonne Sylva, Administrator
Vacant, State Health Officer

Agency Overview

The Health Division promotes and protects the health of all Nevadans and visitors to the state through its leadership in public health matters and enforcement of laws and regulations pertaining to public health. According to Nevada Revised Statutes (NRS) 439.170, the Health Division's mission is to take such measures as may be necessary to prevent the spread of sickness and disease.

The Health Division accomplishes its mission through direct services, as well as coordination and collaboration with other agencies, private industries (including those regulated by the Division), community-based service organizations, professional organizations, and consumer groups. The Division works closely with the Clark County and Washoe County health districts and provides direct public health services to the other fifteen, primarily rural, counties. The Division also investigates causes of disease outbreaks, seeks to control the spread of communicable diseases and lower the incidence of preventable diseases, and studies morbidity and mortality occurring within the state.

Organizational Structure

In fulfilling its mission, the Health Division administers six bureaus and is guided by the Nevada State Board of Health. The Board consists of seven members appointed by the Governor and is responsible for developing policy on major health issues facing the state. The Health Division Administrator serves as Secretary to the Board.

OFFICE OF ADMINISTRATION

Purpose

The mission of the Office of Administration is to enforce all laws and regulations pertaining to the public's health and provide support services for the Division's six bureaus in promoting and protecting the health of all Nevadans and visitors to the state. The Office of Administration provides leadership, guidance, and support in the fiscal and administrative processes of the Division, including Personnel Services and Public Information. Additionally, Administration includes the Office of Epidemiology and the Trust Fund for Public Health.

Accomplishments and Significant Changes

- During 2001, the Bureau of Disease Control and Intervention Services, and the Bureau of Community Health Services were consolidated to improve coordination and efficiency within the Division, as well as at the community level.
- The Health Division conducted a strategic planning meeting titled "One Health Division: Looking at Ourselves, Linking with Our Communities." The event resulted in the development of an action plan to address division-wide fundamental review efforts and guide the agency during the next five years.
- A statewide, cooperative action conference was held titled "Looking at Ourselves, Linking with Our Communities, Building a Unified Vision for Public Health in Nevada," which resulted in identification of public health priorities to be addressed during the next decade.

Office of Epidemiology

Purpose

During the summer of 2000, a reorganization of epidemiological services offered through the Health Division was initiated. Historically, the State Epidemiologist also served as the Chief of the Bureau of Disease Control and Intervention Services. As the number of programs increased within this Bureau, administrative responsibilities grew at the expense of epidemiological capacity. The emergence of a cluster of childhood leukemia cases in Churchill County and other issues highlighted the need to create an office within Health Division Administration that would be dedicated to epidemiological investigation.

Accomplishments and Significant Changes

- From mid 2000 through the end of the year the Churchill County Childhood Leukemia Cluster dominated the agenda for this new office. The cluster received unprecedented attention from local, national, and international news media. The federal Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) were invited to assist with the investigation. Additional support came from other state and federal agencies.
- During 2001, the leukemia investigation continued and intensified. By the end of the year 15 current and former residents of Churchill County had been diagnosed with the disease. State and national trends would suggest that only about one case every five years should be seen in a population of the size present in Churchill County.

- Initial steps were also taken to begin moving staff positions into the Office of Epidemiology so the routine investigation of food borne illnesses, sexually transmitted diseases, and other reportable conditions could be handled through this office. In late 2001, the Office of Epidemiology played a major role in the state's response to anthrax scares.

Key Long-Term Goals

- The long-term goal of the Office of Epidemiology is to improve the timeliness and consistency of the Health Division's response to reportable diseases. This will involve improvements in the data systems used to track and manage disease investigations as well as establishing a more structured way of interacting with healthcare providers. This will become increasingly important as public concern over biological terrorism, emerging infectious diseases, and other public health emergencies continues to rise.

Board of Trustees for the Trust Fund for Public Health

Purpose

Assembly Bill 474 created the Trust Fund for Public Health during the 1999 Legislative Session. As a result of the legislation, ten percent of all Tobacco Settlement proceeds are allocated to the Trust Fund, which is administered and managed by the Office of the State Treasurer. AB 474 limits Trust Fund expenditures to the interest and income generated by the Trust Fund for grants to promote public health and programs for disease or illness prevention, research issues related to public health, and provide direct health care services to children and senior citizens.

An eleven-member board of trustees was created by the legislation to provide strategic direction for how the funds will be expended. The members represent the Nevada State Health Division, State Board of Health, Maternal and Child Health Advisory Board, Commission on Aging, University of Nevada School of Medicine, Nevada Association of Counties, Clark County School District, Washoe and Clark County health departments, and a Governor appointee with experience providing health care services.

Accomplishments and Significant Changes

- The passage of Assembly Bill 387, during the 2001 Legislative Session, resulted in the one-time transfer of twenty-five percent of the available interest and income earned by the Trust Fund for Public Health to the Board of Regents of the University of Nevada for the financial support of a program to provide loans to nursing students. This equated to \$95,819.
- The Board of Trustees awarded \$251,000 from the Trust Fund for Public Health during 2001, providing funding for seven programs throughout the state.

Key Long-Term Goals

- Improve the public's health through the allocation of funds to promote public health and programs for disease prevention, research issues related to public health, and provide direct health care services to children and senior citizens.

BUREAU OF HEALTH PLANNING AND STATISTICS

Purpose

The Bureau of Health Planning and Statistics collects and analyzes data on the health status of Nevadans and determines conditions of healthcare for state health policy development through its Center for Health Data and Research; assesses the service delivery systems of health maintenance organizations (HMO) for quality of care; maintains the Division's trauma registry system; maintains the Division's Central Cancer Registry; conducts and reviews Certificate of Need (CON) requirements for medical facilities on behalf of the Director of the Department of Human Resources; and manages the operation of the State Office of Vital Records. The Office of Vital Records provides for the registration of births, adoptions, marriages, divorces, and deaths; furnishes certified copies of records; makes amendments; and permanently maintains all vital records.

Accomplishments and Significant Changes

- Established the Center for Health Data and Research within the Bureau, developed the functional requirements for a data warehouse within the Center, and established a data warehouse, which will eventually be populated with 45 to 50 health-related databases that can be linked to provide comprehensive analysis and report production.
- Implemented the ICD10 coding program in Vital Records.
- Developed the functional requirements for establishing an electronic web-based system for the registration of births and deaths and prepared the RFP for implementation when funding is available.

Key Long-Term Goals

- Complete the installation of the data warehouse and continue to populate and link the 45 to 50 health-related databases.
- Implement the revised Vital Records data quality control and training unit and increase field visits with the stakeholders involved.
- Implement the web-based electronic registration system for Vital Records.
- Continue to refine and populate the Bureau's interactive health database query system for data dissemination.
- Nevada Central Cancer Registry will attain all nine gold standards and receive certification from North American Association of Central Cancer Registries (NAACCR).

BUREAU OF HEALTH PROTECTION SERVICES

The Bureau of Health Protection Services (BHPS) provides many of the traditional environmental public health programs in Nevada. Activities of the Bureau affect many aspects of the public's every day life. From the time a person gets up in the morning, flushes the toilet, takes a shower, brushes his teeth, uses water to prepare coffee, and eats breakfast, the BHPS has been involved with assuring safe drinking water, safe food, and proper sewage disposal.

The BHPS provides regulatory and professional services in the areas of Public Health Engineering (PHE), Drinking Water State Revolving Fund (DWSRF) Loan Program, Environmental Health (EHS) and Radiological Health (RHS). Although BHPS provides these services statewide, others are provided by the local public health authority. For example, food inspections and Individual Sewage Disposal System (ISDS) reviews are provided by the Clark and Washoe County health districts. BHPS field offices are located in Las Vegas, Fallon, Elko, Ely, Tonopah and Winnemucca.

Public Health Engineering Section (PHE)

Purpose

The primary function of the PHE section is to implement the Public Water System Supervision Program, authorized under the federal Safe Drinking Water Act (SDWA). Under the provisions of the SDWA, the PHE section, on behalf of the Nevada State Health Division (NSHD), acts as the primary enforcement agency for the United States Environmental Protection Agency (USEPA) in administering and implementing the requirements of the SDWA, as amended in 1996, and regulations promulgated there from. It ensures that Nevada's public water systems comply with state and federal drinking water standards, enforces the requirements for surface water treatment and corrosion control, and reports to the USEPA. This effort includes the administration of cooperative agreements between the NSHD and Washoe and Clark Counties in order to achieve the SDWA's objectives in those respective counties.

The PHE section also provides assistance to the Drinking Water State Revolving Fund (DWSRF) Loan Program and to the AB 198 grant program administered by Nevada Division of Environmental Protection. In addition, it reviews plans for the subdivision of lands, public pools and spas, recreational vehicle parks, public water systems, on-site sewage disposal systems, cemeteries and mausoleums, and hotels and motels. The PHE section also provides oversight for the United States Department of Energy (USDOE) at the Nevada Test Site (NTS) for drinking water and ISDS wastewater disposal issues.

Statutory Authority

NRS 445A.800 – 445A.955, 278, 116, 117, 439, and 444.

Accomplishments and Significant Changes

- Completed the EPA primacy package for Administrative Penalty and Public Water System Supervision. From the use of funding provided by DWSRF set-asides, contractors are able to perform capacity reviews of water systems throughout the state, and in some cases provide specific technical assistance under funding from a DWSRF set-aside. In FY 2001, the

contractors evaluated 57 public water systems. All sources of drinking water in Nevada are being assessed to determine their potential for contamination under existing conditions.

- BHPS completed 307 SWAP field assessments of sources to public water systems, bringing the total number of source assessments completed to 827 of 1138 sources (73%). The evaluation of assessment information, risk ranking of contaminant sources, development of monitoring schedules, maps and public information is now underway (scheduled completion is May 2003).
- In FY 2000, approximately 1000 individuals were certified as Water Systems Operators in Nevada. To become certified in Nevada, an operator must have experience in and demonstrate knowledge of the operation and maintenance of water treatment and distribution facilities. The certified water system operator recognizes potential problems and prevents outbreaks of waterborne diseases.
- Drafted an EPA primacy package for the Interim Enhanced Surface Water Treatment Rule and Disinfection/Disinfection Byproducts Rule.
- Each community public water system is required by federal law and state regulations to publish an annual Consumer Confidence Report (CCR) and make it available to its customers. Out of 264 systems required to do CCRs, 250 were completed, 50 of which with the assistance of BHPS.
- As required by Chapters 278 and 445A of the NRS and NAC, respectively, staff reviewed 606 plans and plan resubmittals in 2001 (a decrease of 7 % from 2000).
- Continued to develop the Safe Drinking Water Information System (SDWIS) as the master database for the Public Water System Supervision (PWSS) program including populating data fields. SDWIS produced its first quarterly and annual compliance reports.
- Entered into amendments of interlocal contracts with the Nevada Division of Environmental Protection (NDEP) to assess Underground Injection Control (UIC) wells and to fund the Well Head Protection Program (WHP).
- Completed initial reviews of Nye County's administration of the ISDS program in Pahrump.
- Division technical input to USDOE site restoration activities is provided to the USDOE on an ongoing basis.

Key Long-Term Objectives

- Continue program emphasis, monitoring, and inspection of public water systems, individual sewage disposal systems, and other engineered plans to protect Nevada's citizens and visitors.
- Continue implementation of the SDWA, especially with regard to the requirements of the 1996 Amendments.
- Provide technical assistance to public water systems and communities.

Drinking Water State Revolving Fund (DWSRF)

Purpose

The BHPS is currently in its fourth year of administering the DWSRF program. This program funds loans, at or below market rates, to public water systems for projects addressing public health and infrastructure needs. It also provides funds to develop information management systems and provide technical assistance and education to public water systems and their customers.

BHPS has received two grants from USEPA totaling \$34,900,900. An additional \$6,980,180 has been provided through state matching funds. Approximately \$32.4 million has been committed to loans through the program.

Statutory Authority

NRS 445A.200 – 445A.295.

Accomplishments and Significant Changes

- \$10 million loan to Southern Nevada Water Authority and \$201,000 loan to Indian Springs (1st reimbursement type loan).
- Completed draft availability analysis for MBE/WBE. Over 30 water systems have received some type of assistance through assistance providers.

Key Long-Term Goals

- Develop and effectively manage a self-sustained DWSRF program to facilitate compliance by all public drinking water systems with the SDWA.

Environmental Health Section (EHS)

Purpose

The EHS permits, inspects and performs plan reviews of food establishments, single service plants, drug and cosmetic plants, Individual Sewage Disposal Systems (ISDS), septic tank pumping companies, public bathing places and bottled water plants and distributors. Inspections and plan reviews are performed on conditions of sanitation in public institutions, childcare facilities, public accommodations, schools, private water and sewer systems, public water and sewer systems, solid waste sites and recreational vehicle parks. All food-borne illness complaints are investigated, as well as truck wrecks and fires that involve food and drugs. Incidents of vector transmission of disease, such as plague and hanta virus, are investigated and resolved by EHS. Staff provides public education in a variety of fields and gives sanitation courses for food service workers and managers. Staff also provides technical assistance to local and state officials as requested and conducts special studies as warranted, such as the mercury contamination of fish in the Carson River system as well as issuing appropriate advisories to the public.

Statutory Authority

NRS 446, 444, 439, 583, 585, 233B, 432A, 447, 452, and 461A.

Accomplishments and Significant Changes

- We have experienced an annual increase of 2.25% in FY98-00 in the total number of new food establishments in Nevada, excluding Carson City, Clark and Washoe Counties. The 109 new establishments had a pre-construction plan review and a pre-opening inspection.
- Enforcement of compliance schedules resulted in approximately 139 follow-up inspections to demonstrate a return to compliance in calendar years 2000 and 2001. This represents a decrease in follow-up inspections from the following year of approximately 29%, due to the inspection and training program of food handlers and food establishments as well as the creation of a newly established food safety education program.

- In calendar years 2000 and 2001, 377 routine pool and spa inspections were performed; 26 hotels and motels; 98 prisons, jails and other institutions, which include the University System and state prisons; 179 child care facilities; 244 schools; 5,712 food establishments (routine, follow-up, construction etc.); and 1,500 projected individual sewage disposal systems.
- Staff has responded to and resolved 446 consumer complaints and 106 truck wreck incidents involving food, drugs and/or cosmetics.

Key Long-Term Goals

- Increase program monitoring, inspections, and education of food establishments, and public and private water and sewer systems to protect all residents of and visitors to Nevada from illnesses related to food, and water contamination.
- Continue to maintain vigilance on emerging food-borne pathogenic organisms and vector-borne diseases.
- Continue to advise the public of environmental hazard issues (i.e. mercury in fish, and plague and hanta virus outbreaks in rodent populations) as well as educating the public on the proper methods to avoid injury or illness.

Radiological Health Section (RHS)

Purpose

The RHS protects public health by regulating sources of radiation and providing information regarding health hazards from radiation. The RHS licenses and inspects radioactive material users; registers and inspects X-ray machines statewide; certifies mammography operators and registers and inspects mammography X-ray machines; performs oversight of the USDOE Nevada Test Site and monitoring site performance at the closed low-level waste site near Beatty, Nevada; educates and informs the public of radon hazard in the home and the work place; and conducts statewide radiological emergency response activities.

Statutory Authority

NRS 459 and 457.

Accomplishments and Significant Changes

- The program continues to realize a 6% to 7% annual growth in the number of x-ray registrations, radioactive material licenses and mammography licenses. Specifically, the Radioactive Materials Program has experienced a 63% increase of the number of licenses issued since 1992. A total of 240 radioactive material licenses are currently in effect; approximately 75 inspections per year are performed. 275 new X-ray machine inspections are being added to the agency's workload each year, with 3,953 X-ray registrations currently in effect. Current staffing levels allow inspections of 1,690 machines per year statewide.
- The Mammography Certification Program has certified 100% of the existing operators and facilities in Nevada. The Nevada mammography program was one of the first state-mandated programs in the country and served as a model for federal legislation. Current levels include 83 mammography X-ray machines in 61 facilities with 264 machine operators. New facilities, which have met certification requirements, have provided growth in this important public health program. Due to a priority mandate from the FDA and state statute, the mammography program

is on track with no inspection backlog while experiencing a minor growth in the number of certifications of 1% to 2% each year.

- Oversight of radiological issues at the USDOE Nevada Test Site (NTS) was initiated in 1992 through the Agreement in Principle (AIP) program with the USDOE. Radiological oversight program activities include independent environmental sample assessment, as appropriate, to verify USDOE reports and assessments concerning actual or potential offsite public health impacts. Division technical input to USDOE site restoration activities is provided to the USDOE on an ongoing basis.
- As prescribed by Nevada Administrative Code (NAC) 459, the Low-Level Radioactive Waste (LLW) Disposal Site license was transferred to the NSHD on December 31, 1992, by the commercial operator of the site. Routine post-closure site inspection activities, which includes environmental monitoring, are performed by BHPS staff to monitor site performance to ensure that the site does not impact off-site Nevada public health and safety.
- Radon hazard awareness and corrective action programs have been implemented since 1990 utilizing funding from the federal EPA. In 1999 and 2000, BHPS staff developed contracts to educate local community water suppliers of the implication and requirements of the Safe Drinking Water Act amendments and the Radon-in-Water Rule. BHPS staff will continue working with these local suppliers to minimize the impact on their customers.
- NRS 459 requires statewide radiological emergency response. This program sometimes requires 100% of RHS staffing resources, depending upon the scope of the radiation incident requiring response. RHS staff in Carson City and Las Vegas offices responds to 15 - 20 incidents per year in the state beyond routine compliance activities and investigations not considered "emergencies."
- Completed planning, tabletop and field exercises for DOE Waste Isolation Pilot Plant (WIPP) shipment emergency response preparedness.

Key Long-Term Objectives

- Continue to monitor and inspect X-ray devices and radioactive material users in the state.
- Provide public education on radon and assist community water suppliers with the SDWA as it pertains to radon in water.
- Maintain appropriate public health monitoring of the closed low-level radioactive waste disposal site near Beatty, Nevada.
- Continue to oversee public health and safety issues related to the Nevada Test Site, including monitoring groundwater in the vicinity of the test site.
- Protect public health and safety and the environment by prompt and complete response to radiological incidents and NSHD incidents.
- Continue to respond to Governor-directed activities including inspection of safeguard shipment trucks at Nevada borders and the Waste Isolation Pilot Project shipments in southern Nevada.

BUREAU OF LICENSURE AND CERTIFICATION

The mission of the Bureau of Licensure and Certification (BLC) is to protect the safety and welfare of the public through promotion and advocacy of quality healthcare through licensing, regulation, enforcement and education. This mission is accomplished through the Bureau's four sections: Health Facilities, Medical Laboratories, Environmental Laboratories, and Emergency Medical Services.

Health Facilities

Purpose

The primary function of the BLC is to license medical facilities and facilities for the dependent in accordance with the NRS and NAC regulations. The State of Nevada also has an agreement with the federal Centers for Medicaid and Medicare (CMS) to certify medical facilities in the Medicare and Medicaid reimbursement programs. Surveys are conducted in accordance with applicable regulations, based on the type of facility, and following specific time frames and survey procedures. The Bureau also conducts complaint investigations for all licensed and/or certified facilities. Educational programs and technical assistance are available to assist facilities in understanding regulatory requirements. Additionally, the Bureau is responsible for updating NAC as standards of practice change.

Accomplishments and Significant Changes

- A major revision of the Nevada Administrative Code (NAC) for Facilities for the Treatment of Alcohol and Drug Abuse, which had not been revised since 1976.
- Promulgating NAC for: end state renal disease facilities, plan review, facilities for treatment with narcotics; administrative sanctions; fees (for state licensure of medical and other facilities); facilities for refractive laser surgery; mobile medical units; facilities for the treatment of alcohol and drug abuse; halfway houses for recovering alcohol and drug abusers.
- The Bureau conducted 395 annual/initial surveys within the calendar year 2001. The Bureau received 1,257 compliant investigations within calendar year 2001.
- Nevada's rapid and continuous population growth has resulted in a 13.7% increase in health care facilities in calendar year 2001.
- Streamline administrative process to reduce duplication and decrease bureau operational cost, while continuing to insure the protection of residents/patients.

Key Long-Term Objectives:

- Establish advisory committee for residential facilities for groups to streamline regulatory and oversight operations to reduce costs, while continuing to ensure the protection of residents/patients.
- Meet the legislative intent of survey and compliant investigations while continuing to ensure the protection of residents/patients.

Medical Laboratory Services

Purpose

The Medical Laboratory Services (MLS) program is responsible for licensing medical laboratories in accordance with Nevada Revised Statutes (NRS) 652 to ensure laboratories are in compliance with state regulations; produce and report accurate and reliable test results. The MLS program is responsible for reviewing credentials and issuing licenses to directors and certificates to technical laboratory personnel. Currently, the program certifies approximately 6,128 individuals and 120 Licensed Directors.

Additionally, the MLS program is responsible for surveying laboratories for compliance with the Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) regulations.

CLIA Certificates	934
Exempt Laboratories	405
Licensed Laboratories	89
Registered Laboratories	127

Accomplishments and Significant Changes

- Revised the medical laboratory regulations to address current technology in laboratory testing, including “Point of Care Testing.”
- Surveyed all medical laboratories pursuant to CLIA regulations and NRS 652.

Key Long-Term Goals

- Meet statutory requirements to ensure protection for Nevadans.

Environmental Laboratory Certification

Purpose

The Environmental Laboratory Services (ELS) program is approved by the Environmental Protection Agency (EPA) to provide certification services to laboratories participating in the Federal Safe Drinking Water Act (SDWA) and the Clean Water Act (CWA). The ELS program has two certification officers that have been authorized by the EPA to operate the certification program for the State of Nevada. The certification officers conduct on-site evaluations of the laboratories and maintain the laboratory certifications for approximately 81 laboratories. The EPA requires that all states maintain a certification program for drinking water primacy. The Nevada State Health Division maintains primacy for the SDWA through the activities of the ELS program in the Bureau of Licensure and Certification and the Bureau of Health Protection Services.

Accomplishments and Significant Changes

- Developed an environmental certification web page that provides important information to certified laboratories and the public.
- EPA annual reviews of the ELS certification program indicate that the program continues to

exceed the Federal requirements.

Key Long-Term Goal

- Maintain appropriate monitoring of certified environmental laboratories to protect public health.

Emergency Medical Services

Purpose

Emergency Medical Services (EMS) establishes and enforces standards for out-of-hospital emergency care. The program issues operating permits to ambulance service and fire-fighting agencies, licenses and certifies emergency medical service personnel, trains emergency medical services managers and provides consultation and technical assistance to all Nevada counties, excluding Clark County. EMS conducts annual inspections of permitted services to insure that all personnel, vehicles and equipment meet current regulatory standards. EMS maintains a registry of all Nevada certified personnel, including Clark County. EMS is responsible for implementing, monitoring and maintaining a database for pre-hospital emergency care provided within the state. The EMS Program is the principle agent for the coordination of medical resources to augment local emergency medical care during disasters.

Statutory Authority

NRS 450B.

Accomplishments and Significant Changes

- Revision of NAC 450B Emergency Medical Services (EMS), which had no major revision since 1991.
- Convened the Governor's appointed Committee on Emergency Medical Services per NRS 450B.151 through NRS 450B.154.
- Instituted a schedule for in-office EMS testing twice a month in the Carson City Office. EMS providers and the community college system in Washoe County have been very supportive of this change, providing facilities for testing in Washoe County when necessary.
- Approved the curriculum of 334 EMS training courses during calendar year 2000 and 2001. 286 individual CEU programs were approved during the same time period.
- In 2001, the EMS Program issued the following:

	Issued (Initial and renewal)	Total in Registry (Excluding Clark Co.)
First Responder Certifications	412	878
EMT Basic Certifications	1,440	2,698
EMT Intermediate Certifications	443	953
EMT Advanced Certifications	128	261
Ambulance Attendants License	437	1,901

Key Long Term Goals

- Insure continuation of the duties of the Committee on Emergency Medical Services pursuant to NRS 450B.153.
- Insure quality healthcare in the pre-hospital environment by adopting statewide standard treatment protocols.
- Expand and improve standardized EMT training by conducting EMS training coordinator workshops.
- Develop standard proficiency testing utilizing National Registry of EMTs model.
- Coordinate with State Fire Marshal to develop compatible instructor certification endorsement.
- Implement certification and licensure program purchased from Clark County.
- Implement statewide electronic data program that will accurately report data on EMS patient care activities.

BUREAU OF COMMUNITY HEALTH

The Bureau offers numerous programs designed to prevent, control, and ultimately eradicate communicable and chronic disease in Nevada. Growth in population and caseload has affected many of the programs, resulting in an increased need for services for vaccine purchase, immunization promotion, and control of tuberculosis and sexually transmitted diseases, including HIV/AIDS, while other programs have been added or enhanced, such as diabetes, tobacco, and breast and cervical cancer. The Health Alert Network program has also experienced tremendous growth since the events of September 11, 2001.

Health Alert Network

Purpose

This program for Public Health Preparedness and Response for Bioterrorism, funded by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA), is intended to develop comprehensive bioterrorism preparedness plans, upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties, expand public health laboratory and communications capacities, and improve connectivity between hospitals, and city, local and state health departments to enhance disease reporting.

Accomplishments and Significant Changes

- Design and implementation of a Wide Area Network (WAN) was critical to the HAN program. A WAN was created utilizing the foundation established by the Information Network for Public Health Officials (INPHO). Coordination of the program developed rapidly with the cooperation of the two largest counties in Nevada (Clark and Washoe Counties).
- After the events of September 11, 2001, specifically the anthrax suspicion in Nevada, the Health Division responded to the Nevada State Division of Emergency Management's Emergency Operations Center. This effort, organized by program staff, responded to over 1500 phone calls from businesses and the public, with health concerns and suspicious letters, packages and powders complaints. Health Division staff worked with law enforcement, local health districts and the Nevada State Public Health Laboratory to get suspicious items transported and analyzed. This represents the first time that the Health Division has provided a full-blown response to the Emergency Operations Center. Subsequent to this response, the Health Division has identified 80 employees by area of expertise to respond to the Emergency Operations Center dependant on the type of emergency. These employees have now all received training by the Department of Emergency Management and have an understanding of their role at the Emergency Operations Center.
- A bioterrorism- recognition and reporting training program began September 20, 2001. To date, this training has primarily been conducted in Clark County with several training sessions conducted in Reno and Elko. This training is being expanded statewide in 2002. The total number and categories of healthcare providers trained are listed below:

Physicians	424
Nurses	867
Administrative and Safety Personnel	125
First Responders	351
Social Workers	42
Community business executives	
125	
Other (health educators, human resources, etc.)	
99	
Total	2,033

Key Long-Term Objectives

- Training of the early response workforce, with special emphasis on emergency department personnel, infectious disease specialists, public health staff and other healthcare providers.
- Update and strengthen the integration of the technological communication systems. This pertains primarily to the WAN but includes creation of a secured website.
- Develop a plan that ensures the Health Alert Network covers 90 percent of the population.
- Develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response.
- Develop an interim plan to receive and manage items from the National Pharmaceutical Stockpile.
- Develop a statewide plan for responding to incidents of bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

Immunization Program

Purpose

The mission of the Immunization Program is to prevent the occurrence of vaccine-preventable diseases in Nevada. To achieve its mission, the Immunization Program promotes immunizations and provides State-supplied vaccine free of charge to all physicians, hospitals, and clinics agreeing to meet the requirements of the program. The goal of the program is to improve immunization coverage levels in preschool children while maintaining high coverage levels in school-age children. The mission of the program is accomplished through the following activities:

- Investigation of all vaccine-preventable diseases (VPDs),
- Surveillance and outbreak control of VPDs,
- Immunization assessments of two-year-old children in private and public health facilities, licensed day care centers, and first grade enterers,
- Private physician practice assessments to assist in increasing immunization coverage levels,
- Tracking of all Hepatitis B carrier mothers to ensure their newborns are properly vaccinated,
- Distribution of vaccine to Clark and Washoe County Health Districts, rural public health clinics, and 274 private and federally-funded health care providers,
- Enforcement of immunization statutes and regulations,
- The promotion and use of a statewide immunization tracking and recall system,

- Statewide information and education campaigns,
- Collaboration with other state and county agencies such as WIC, Medicaid, and Clark County Economic Opportunity Board to insure adequate immunization of high-risk children,
- Quality assurance reviews of all health care entities that receive State-supplied vaccine, and
- Community outreach to involve the private sector, creating partnerships with local service clubs, organizations, retail stores, and restaurants.

Accomplishments and Significant Changes

- The adoption of new school vaccination requirements for hepatitis A, hepatitis B and varicella (chickenpox) was a major accomplishment of 2001. Amendments to NAC 392.105 and NAC 394.190 become effective July 1, 2002 (hepatitis A and B) and July 1, 2003 (varicella).
- The full implementation of a vaccine management system occurred during 2001. The move to BellCo to distribute vaccines for Nevada allowed the Division to close its vaccine-shipping warehouse in 2001, saving thousands of dollars.
- The Immunization Program received \$10K in 2001 to help the State Medicaid Program determine a baseline immunization coverage level of Medicaid-enrolled children in Nevada. This baseline information is required by GPRA (Government Performance and Results Act) in 2002-2005 and provides the Immunization Program a chance to work closely with our State Medicaid Program. This first survey showed that only 66% of Medicaid children are up-to-date with their immunizations (75% state average).
- The Immunization Program began a sero-survey of new inmates entering prison to determine the prevalence of hepatitis markers (A, B, and C). This information will be used to guide immunization-planning policies for high-risk adults.

Key Long-Term Goals

- Increase the number of two-year-old children who are age-appropriately immunized.
- Reduce the incidence of vaccine-preventable diseases, such as measles, rubella, and Haemophilus influenza type B meningitis, to zero.
- Improve adult immunization outreach and vaccination services to high-risk adults.

Diabetes

Purpose

The mission of the Diabetes Control Program is to reduce the burden of diabetes in the State of Nevada. The Diabetes Control Program is dedicated to: defining the nature, extent, distribution, and causes of the burden of diabetes; developing new approaches to reduce the diabetes burden in our state; ensuring diabetes policy and legislation is enforced; coordinating diabetes-related efforts of the public health system with those of private health care providers and with appropriate governmental, voluntary, professional, and academic institutions; and providing professional and public education regarding diabetes.

Accomplishments and Significant Changes

- Through a contract with the University of Nevada School of Medicine, a review was conducted of data sources and recommendations made for the development of a diabetes surveillance system in Nevada. This was completed in March 2001.

- A diabetes module has been incorporated into the BRFSS, which has resulted in 164 interviews with persons with diabetes.
- Between 1996 and 2000, the percent of persons with diabetes receiving recommended services increased: foot exams increased from 60.6% to 79.8% and eye exams increased from 57.9% to 79.1%.

Key Long-Term Goals

- Develop a surveillance system to monitor the burden of diabetes in Nevada.
- Increase the percentage of persons with diabetes who receive recommended foot exams, eye exams, influenza and pneumococcal vaccines, and HgA1C (hemoglobin) tests.

Tobacco

Purpose

The mission of the Tobacco Control Program is to reduce the overall prevalence of tobacco use among Nevada residents. The goal of a comprehensive tobacco control program is to reduce disease, disability, and death related to tobacco use by: preventing the initiation of tobacco use among young people, promoting quitting among young people and adults, eliminating nonsmokers' exposure to environmental tobacco smoke (ETS), and identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

Accomplishments and Significant Changes

- According to the Nevada Behavior Risk Factors Surveillance Survey (BRFSS), adult prevalence rates dropped from 31.5% in 1999, number one in the nation, to 29% in 2000. Youth prevalence decreased dramatically from 32.6% in 1999 to 25% in 2001 according to the Nevada Youth Risk Behavior Survey (YRBS).
- According to the 2001 Nevada Youth Risk Behavior Survey, when youth were asked the question, "In the past 30 days, of those who bought cigarettes in a store, percentage who were not asked for proof of age", the answer in 1999 was 49% and dropped in 2001 to 46%.
- Expansion of statewide tobacco prevention and control efforts and through growth in membership and activities of the Nevada Tobacco Prevention Coalition, Clark County and Washoe County health districts and the dedicated advocates in rural communities.
- Increase in the State Tobacco Control Program linkages with internal and external programs, agencies and coalitions.

Key Long-Term Goals

- Reduce the overall prevalence of tobacco use among Nevada residents.
- Reduce access to tobacco products by youth.

Breast and Cervical Cancer Early Detection Program (Women's Health Connection)

Purpose

The mission of the Women's Health Connection's (WHC) Nevada Breast and Cervical Cancer Early Detection Program (NBCCEDP) is to reduce breast cancer mortality and the incidence of cervical cancer, thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening services and therapeutic care.

Accomplishments and Significant Changes

- The number of WHC clients have increased from 4,200 clients at the end of September 2000 to more than 14,000 clients in July 2002, an increase of more than 233%. The WHC program not only reached more women for breast and cervical cancer screening services but also focused more on the hard-to-reach underserved minorities, the mentally and physically disabled women, and women who live in rural Nevada.
- As of July 1, 2002, the Medicaid Treatment Option was approved for Nevada. This allows the State of Nevada to provide Medicaid benefits to uninsured women under age 65 who are identified through the WHC program, and are in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer.
- The WHC program also received over \$200,000 from the Nine West Settlement through the Attorney General's office. These funds are used for women who are in need of treatment for breast and/or cervical cancer that do not qualify under the Medicaid Treatment Option due to citizenship requirements.

Key Long-Term Goals

- Expansion of community-based screening and early detection programs, including referral, tracking, and follow-up services by improvement and expansion of public/professional education and outreach campaigns.
- Increase the percentage of women 50 years and above getting both a clinical breast exam and mammogram within the past two years.
- Ensure coordination of services and program activities through a broad-based coalition and Medical Advisory Committee to advise and support the program.
- Collaborate with the Statewide Cancer Registry to enhance cancer surveillance and evaluate the status of program process and outcome.

Tuberculosis Elimination Program

Purpose

In order to accomplish its mission, the Tuberculosis (TB) Elimination Program must identify all cases of active TB disease; interview people with active TB to find out who may have been exposed; test exposed individuals to find out if they have become infected; treat infected individuals to prevent the development of new cases of active TB disease; and screen high-risk populations in order to identify and treat individuals who are infected or who have active TB disease.

Accomplishments and Significant Changes

- In 2000, 97 new cases of TB were reported statewide. This number decreased in 2001, with 96 new cases reported (4.47 cases per 100,000 population).
- The Nevada TB Control and Elimination Program contracted with a physician to be the consulting physician for the rural community health nurses for any issue involving tuberculosis. The consultant physician is the primary provider for the TB patients in the rural areas. This will ensure standard delivery of care and appropriate treatment for cases of TB and contacts in the rural areas.

Key Long-Term Goals

- Diagnose and treat tuberculosis.
- Intensive contact investigation to reduce transmission of tuberculosis.
- Completion of treatment of all cases and contacts to reduce TB incidence rate.

Sexually Transmitted Disease Control Program

Purpose

The mission of the Sexually Transmitted Disease Control Program is to prevent the prevalence of sexually transmitted diseases (STD) in Nevada. The STD Program identifies the incidence of STDs through case finding with local health care providers, screening of high-risk populations, and tracking and treating sexual partners of known cases. The program also provides special education to persons at risk. The STD program provides training to employees involved in the testing and counseling of prison inmates. Program staff also conduct contact tracing and partner notification for inmates who test positive for an STD or HIV.

Accomplishments and Significant Changes

- No report of congenital syphilis in Nevada for 2000-2001. Syphilis screening is mandated during prenatal visits by law.
- Chlamydia testing efforts includes focus on the prevention of infertility among young women of childbearing age. There were 4,834 cases of chlamydia reported in Nevada for 2001, an 18% increase from 2000. The highest morbidity of chlamydia occurs in women age 15-24 years old, 55% of the cases identified.
- Nevada has 1764 gonorrhea cases for 2001, with the highest morbidity occurring to young adolescent 15-19 years old. The increase in the screening is due to the intensive contact investigation and the screening of adolescents in the juvenile detention center.

Key Long-Term Goal

- In order to qualify for federal assistance, Nevada must address the following objectives within its five-year federal applications:
 - Prevent/reduce sexually transmitted diseases
 - Develop strong leadership, strengthen investments, and improve information systems for STD prevention
 - Focus on adolescents and underserved populations
 - Ensure access to service by all persons needing evaluation for a STD
 - Ensure surveillance of positive cases

- Ensure accurate data management

HIV/STD Program

Purpose

The mission of this program is to provide access to comprehensive care for those individuals infected with HIV and prevent further spread to those individuals at risk for HIV infection through collaborative partnerships with governmental and community based organizations.

The Ryan White Comprehensive Care Program assures delivery of direct services statewide to persons infected with and affected by HIV. The program provides a range of services within the context of four broad elements:

- Consortium services such as transportation, meals, groceries, emergency medicine, dental assistance, counseling support groups, and translation, etc;
- Provision of treatment for persons with HIV who meet financial and medical eligibility (AIDS Drug Assistance Program);
- Home and community-based care services such as home visits, home infusion therapy, respite care, hospice, nursing visits, and personal care attendants; and
- Insurance continuation services such as payment of COBRA premiums, co-payments, and deductibles.

The HIV Prevention Program facilitates a process of community-based HIV prevention planning conducted by two regional Community Planning Groups. Based on priorities set by the planning groups and outlined in a statewide HIV Prevention Plan, state and local health districts, other governmental agencies, and community-based organizations collectively provide the following services to at-risk individuals statewide:

- HIV testing and counseling;
- Partner counseling and referral;
- Health education and risk reduction activities at an individual and group level;
- Outreach;
- Health communication and public information; and
- HIV prevention case management

The HIV/AIDS Surveillance Program assures the maintenance of accurate and complete records for all HIV/AIDS cases and employs quantitative and qualitative measurements of disease occurrence by regions of the state and among a broad range of population groups.

Accomplishments and Significant Changes

The HIV Prevention Community Planning Group regionalized into two groups: The Northern Nevada STD/HIV Community Planning Group and the Community Planning Group of Southern Nevada. This has allowed HIV Prevention priorities to be based on the distinct qualities of northern Nevada and southern Nevada.

Improved HIV surveillance and prevention activities targeting high-risk populations in high-risk venues and improved out-of-care case tracking contributed to an increase in identified HIV/AIDS cases.

Key-Long-Term Objectives

1. Maintain an HIV/AIDS case reporting and validation system.
2. Maintain Nevada's number of HIV/AIDS cases at less than 500 cases per year-by-year of diagnosis.

Community Health Nursing

Purpose

Community health nurses provide public health services in Nevada's 15 rural and frontier counties. There are 17 community health nurses, 8 advanced nurse practitioners (APNs), and 4 contract nurses; together they provide primary preventive health services and health education to residents from more than 55 sites.

Individual health services provided by community health nursing include immunizations for children and adults, reproductive healthcare, screening for breast and cervical cancer, well-child clinics, hypertension screening and counseling, skin testing for exposure to tuberculosis, identification and treatment of sexually-transmitted diseases, and screening and referral of children with special healthcare needs. Community Health Nurses provide home visiting services to at-risk families, with special emphasis to newborns and isolated families. Several nurses provide limited school health services. Health education and presentation of health teaching to individuals and groups continues to be an important role as Nevadans seek more personal participation in their health care.

Statutory Authority

NRS 392, 394, 439, 441, 442, 454, 632, 639, 652, (secondary) NRS 129, 200, 217, 432, and 629.

Accomplishments and Significant Changes

- Ten grantees were awarded funding through the Rape Prevention Education Program, providing programs statewide to address and accomplish the goals of reducing sexual assaults and increasing awareness through education efforts directed at rape prevention awareness.
- In 2001, the Bureau of Community Health Services merged with the Bureau of Disease Control and Intervention Services, to form the Bureau of Community Health. This merge has provided community health nursing with additional resources and support.
- In 2001, the Community Health Nursing program continued to receive support from a sister bureau within the Health Division, the Bureau of Alcohol and Drug Abuse, to provide outreach for HIV testing in difficult to reach populations, including substance abusers, uninsured or under-insured men and women, and incarcerated adolescents. Three contract RNs were hired to cover three regions of rural Nevada – Fallon/Carson City, Elko, and Pahrump. These nurses travel to residential and outpatient drug treatment facilities, as well as juvenile detention centers throughout rural Nevada. From April through December 2001, a total of 460 HIV tests were completed, with one positive. TB testing was also provided, as well as referrals to the community health nursing clinics for family planning and STD follow-up.

- Realizing that collaborative efforts promote and sustain a community's health, CHNs provided over 450 home visits to families unable to access other care facilities. Home visiting enables the CHN to link health care and outreach to at-risk families in isolated situations, such as mothers with newborns, premature infants, or children with special health care needs. It also provides assistance with child advocacy issues and for other reasons that would necessitate care and education outside the clinic setting. CHNs are experts in home evaluation and will continue to provide this valuable service to residents in rural Nevada. CHNs provided over 400 health education programs on a variety of topics, reaching approximately 5,000 individuals in FY00.

Key Long Term Goals

- Increase the percentage of children ages 0 to 2 years who are age-appropriately immunized.
- Reduce the annual rate of forced sexual intercourse or attempted forced sexual intercourse of persons 12 and older.
- Increase the number of influenza vaccine doses administered to at-risk adults.
- Increase the percentage of TB infected patients who complete 6 months of therapy.
- Increase the percentage of women identified with a pre-cancerous condition who receive treatment.
- Decrease the rate of chlamydia cases in women 15 to 24 years old.

BUREAU OF FAMILY HEALTH SERVICES

The purpose of the Bureau of Family Health Services (BFHS) is to improve the health of the families by providing health education, prevention activities, quality assurance, and access to health care services. The Bureau's goal is to improve the health of families, specifically pregnant and parenting women, infants, children, and adolescents, including children with special health care needs. Services are coordinated, family-centered, community-based, comprehensive and culturally competent.

The Bureau consists of five programmatic areas. Maternal and Child Health Services assures access to quality, affordable health services for women of child-bearing age, children and adolescents, including children with special health care needs, and provides planning and management of federal maternal and child health programs. Special Children's Clinics in Las Vegas and Reno provide multi-disciplinary, early intervention, diagnosis, treatment, and follow-up services for families with children who have known or suspected developmental delays and/or chronic diseases. The Special Supplemental Food Program for Women, Infants and Children (WIC) provides supplemental food, nutrition education, and referrals for pregnant, breastfeeding and postpartum women, infants, and children to age 5 with low income to improve their nutritional health status. The Primary Care Development Center works to develop a primary care system in which no Nevadan lacks access to primary health care services. The goal of the Oral Health Program is that all Nevadans achieve optimal oral health.

MCH Perinatal Program

Purpose

The goals of the MCH Perinatal Program are to reduce Nevada's infant mortality and morbidity by establishing statewide systems of perinatal care and to ensure pregnant women have access to and receive continuous prenatal care regardless of their ability to pay. To assure continuity and coordination, all Bureau perinatal initiatives are organized under this program. Since implementation of the MCH Perinatal Program, Nevada's infant mortality rate has declined.

Statutory Authority

NRS 442.130 (Program for Maternal and Child Health), and 442.350-442.390 (Fetal Alcohol Syndrome Subcommittee).

Accomplishments and Significant Changes

- In 2001, Baby Your Baby provided services to 16,812 Nevadans, including 10,136 pregnant women seeking to enter prenatal care and 4,374 pediatric clients. Of the total number of people utilizing BYB, 2,302 called the IRL to request information on various topics including referral to other services, baby car seats, adoption, immunizations, and parenting classes.
- In 2001, 75.5% of pregnant women in Nevada entered care in their first trimester, an increase of 7.5% in the past ten years. The incidence of infant mortality declined to a low of 5.24 deaths per 1,000 live births to Nevada residents, one of the lowest in the nation.
- Two sponsors have withdrawn their financial support of the Baby Your Baby Campaign, but they continue to serve as part of the provider network. Sunbelt Broadcasting Company, which

has exclusive rights in Nevada to the Baby Your Baby logo, is looking for additional sponsors. The Baby Your Baby Campaign does continue to have one private financial sponsor, in addition to Medicaid support and an extensive network of providers. Therefore, it is anticipated that the campaign will continue for at least another year.

- During the 2000 statewide MCH community needs assessment, it became clear that communities throughout the state felt that the problem of domestic violence needed to be addressed. As a direct result of this assessment, the Bureau began collaborating with the Attorney General's office and the Nevada Network Against Domestic Violence to address violence against women. A "Health Care Standards Team" has been established; the team is in the process of reviewing domestic violence materials that can be used statewide by health care providers for screening and referral. Several training classes have also been given to nurses and social workers to learn how to screen for domestic violence. The team is also working with the nursing and medical schools across the state to have standardized training incorporated into their curriculum.
- According to a survey conducted in 1999, only 48% of all pregnancies in Nevada are planned. In order to decrease the number of unintended pregnancies and improve outcomes, public education has been developed to inform families of the benefits of planned pregnancies.
- In 1999, the legislature passed legislation creating a Fetal Alcohol Syndrome (FAS) Subcommittee of the MCHAB. This subcommittee has initiated a plan to address FAS in Nevada. Several thousand FAS placards have been distributed throughout the state in restaurants, beauty salons, drinking establishments and other businesses. These placards have a picture of a woman and a FAS affected child with a warning about drinking during pregnancy. They also have tear-off sheets with instructions in both English and Spanish for those who would like more information or would like to obtain help to quit drinking.
- The MCH Prenatal Program pays for prenatal care for eligible women. In FY02, approximately 400 women received coverage.

Key Long-Term Goals

- Continue to increase the proportion of infants born to pregnant women who received prenatal care in the first trimester.
- Increase the percentage of intended pregnancies
- Continue to decrease the infant mortality rate.
- Reduce the percentage of pregnant women who consume alcohol.
- Increase the percentage of intended pregnancies, thus reducing the social-economic impact associated with unintended pregnancies.

Child and Adolescent Health

Purpose

Nevada's children and adolescents face multiple challenges in growing to be productive, healthy adults. These challenges include: lack of appropriate immunizations, injuries, high school completion, violence, teen pregnancy, and suicide. The purpose of the Nevada State Health Division's Child and Adolescent Health program is to promote healthy behaviors among Nevada's youth through organized community efforts, public awareness campaigns, educational programs and prevention activities.

Statutory Authority

Senate Bill 367 (Chapter 518, Statutes of Nevada 2001, regarding activities to prevent or delay early sexual activity and reduce the rate of pregnancies among unmarried teenage girls in Nevada).

Accomplishments and Significant Changes

- After ranking first in the Nation, a recent national ranking for teen birth rates shows Nevada had the tenth highest teen birth rate. Nevada's teen birth rate for adolescents aged 15-17 has decreased from 44.53 in 1997 to 33.51 in 2000. The total number of births to females ages 15-17 in 2000 was 1,270; this is a decrease from 1,362 births in 1997. The current goal is to reduce the teen birth rate to no more than 25 births per 1,000 by 2010.
- Currently, 45 Community Action Teams have been formed throughout the state to develop and implement community-based interventions to prevent teen pregnancy. Five of those teams continue to develop with funding assistance from three-year grants for abstinence-only education programs through the Title V Abstinence Only Education Grant.
- The State Partnership to Prevent Teen Pregnancy (SPPTP) (pursuant to Chapter 518, Statutes of Nevada 2001) was established to promote teen pregnancy prevention activities. The SPPTP and the Nevada State Health Division (NSHD) have partnered with the Welfare Division in distributing \$500,000 of Temporary Assistance for Needy Families (TANF) funds to community groups for teen pregnancy prevention program development and social marketing campaigns.
- Since its formation in 1996, the Governor's Youth Advisory Council (YAC) has identified teen pregnancy prevention as its main priority. They also developed a presentation for middle school aged youth promoting the importance of abstinence, from sex, tobacco, alcohol, and drugs. More than 1,600 students have participated in the assemblies during FY01.
- Two adolescent health clinics are funded through the Bureau. These clinics, located in Las Vegas and Reno, serve adolescents ages 12 to 19 and provide immunizations, primary care, treatment for acute conditions, counseling, and referral to related services. During FY00, 2,652 adolescents were served by the adolescent health clinics.

Key Long-Term Goals

- Reduce the birth rate among adolescents, aged 15-17, to 25 per 1,000 by 2010.
- Reduce the pregnancy rate among adolescents, aged 15 to 17, to no more than 35 per 1,000 by 2005.
- Increase the number of youth participating in the Abstinence Works! presentations by 60% in 2005.
- Increase the proportion of adolescents aged 15-17 who have never engaged in sexual intercourse to 60% for females and males by 2005.
- Reduce the suicide rate among adolescents, aged 15-24, by 5.0 per 100,000 in 2010.

Children with Special Health Care Needs

Purpose

The Children with Special Health Care Needs program provides a range of services for children with special health care needs that are coordinated, family-centered, community-based, and culturally competent. Through this program, children are identified at birth with inborn errors of

metabolism such as phenylketonuria (PKU), or hemoglobinopathies such as sickle cell disease; referred to and/or provided early intervention services, if at risk for development delay; and supported with coverage of diagnosis, evaluation, management, and treatment of conditions that are potentially handicapping. In this biennium, it promoted the implementation of newborn hearing screening passed by the 2001 Nevada Legislature.

Statutory Authority – NRS 442.180 (Children with Special Health Care Needs).

Accomplishments and Significant Changes

- In FY01, the Children with Special Health Care Needs (CSHCN) program covered 326 children for office visits, operations and expanded coverage, including primary care and counseling.
- Program staff have worked closely with Family Ties, a parent support organization, to increase family involvement with program policy development and revisions, thus enhancing a family-centered, community – based and culturally competent program. This collaboration has led to each group providing applications to clients for each other's program, and Family Ties staff being on-site at the Special Children's Clinics on a weekly or monthly basis.
- The 2000 legislature enacted legislation mandating hearing screening for all newborns (NRS 442.008). The law also stipulates that the facilities must provide data to the Health Division, which must in turn report to the Governor. Quarterly reports will be submitted to the Bureau and cases in which the infant failed the screening will be referred to the CSHCN program, which will then contact families to offer assistance.
- During 2001, 31,231 newborns were screened for evidence of inborn errors of metabolism, endocrine disorders, and hemoglobinopathies. In 2001, the Newborn Screening Program identified 3 infants with PKU, 28 infants with hypothyroidism, 1 (one) infant with biotinidase deficiency, and 9 infants with sickle cell disease. It is expected that approximately 32,200 newborns will be screened in 2002. Through June 30, 2002, the Newborn Screening Program has identified 2 infants with hyper-phenylalanemia (a milder form of PKU), 5 with hypothyroidism, and 6 with sickle cell disease.

Key Long-Term Objectives

- Maintain the percentage of newborns screened (98.9%) at least once for PKU, galactosemia, maple syrup urine disease, biotinidase deficiency, hypothyroidism and hemoglobinopathies.
- Increase the percentage of children with special health care needs seen by medical and dental specialty and subspecialty providers not otherwise available or affordable.

Women, Infants, and Children Program

Purpose

The purpose of the Women, Infants, and Children (WIC) Program is to improve the nutritional health status of low-income women, infants, and young children to age five during critical periods of growth and development. This is accomplished by providing eligible participants with nutrition education, vouchers for supplemental foods, and referral to other community resources.

To be eligible for the Nevada WIC Program, a person must be a Nevada resident; under 185% of poverty; pregnant, breastfeeding (up to 12 months after delivery), or postpartum (non-breastfeeding, up to six months after delivery) woman, infant, or child up to age five; and have a nutritional risk factor. Nutritional risk factors are criteria set by the federal program and evaluated for each applicant through a nutritional assessment. This nutritional assessment includes evaluating growth, diet, and nutritionally related medical factors, and forms the basis for nutrition education provided and many of the referrals made.

A total of 33 WIC clinics are operated by five different agencies throughout Nevada. Washoe County Health District operates 4 clinics in Washoe County. In Clark County, the EOB (Economic Opportunity Board) operates 7 clinics, Clark County Health District operates 3 clinics, and Sunrise Hospital operates 4 clinics in Clark County and the clinic in Pahrump. The State WIC Program operates 14 clinics in the rural/frontier counties of Nevada.

Accomplishments and Significant Changes

- Over the past biennium, participation rose 2.5% from the previous biennium to an average of 40,000 participants each month. Participation rose steadily from July 2000 to June 2002. During this period, 1,000 additional clients were added to the program statewide. This increase was reflected in the total number of women served who have chosen to breastfeed their infant, an increase of 10.5%, and in the participation attributable to children. The numbers of infants served has remained stable throughout the year.
- Significant effort was made to promote breastfeeding as the preferred method of feeding infants. From July 1998 to June 1999, 50% of all infants in the WIC program were breastfed for some period of time. That percentage has now increased to 60%. Over the past two years, the percentage of infants who were breastfed for at least six months has increased from 20% to 31%.
- The Nevada Health Passport (HPP) pilot project was launched in Washoe County on June 2, 2000. Initially, 3,000 HPP cards were issued. Since then, 7,000 more HPP cards have been issued. The State WIC Program has received an additional EBT (Electronic Benefit Transfer) Grant of \$873,422 from the US Department of Agriculture to explore the feasibility of performing the data processing required by the EBT system through DoIT and to expand the EBT system to Clark County and/or Carson City.

Key Long-Term Goals

- Increase the percentage of WIC infants breastfed at birth.
- Increase the percentage of WIC children weaned from the bottle by fourteen (14) months of age to prevent Early Childhood Caries and promote good oral health.

Oral Health

Purpose

Nevada's population is at risk for poor oral health. Through the oral health program the Bureau is working to improve this situation for Nevada's population using a combination of general, community-wide education and more targeted education with those at highest risk.

Accomplishments and Significant Changes

- Through a letter of intent, the 1999 Legislature authorized a one-time redirection of unobligated Maternal and Child Health Block Grant funds to fund an Oral Health Initiative. These funds were used for prevention efforts such as dental sealants and Early Childhood Caries (ECC) prevention. An ECC curriculum was developed. To date, 422 medical, social services and childcare providers have been trained in ECC recognition and prevention. Contracts with 4 organizations funded oral health education and prevention activities. An oral health prevention education initiative by Clark County Health District targeting children ages birth to four was funded. 14,008 children and their caregivers received oral health education. Funding was provided to the Southern Nevada Dental Hygienists' Association to conduct a study of the oral health of kindergartners in Clark County. 359 kindergartners were screened and their parents surveyed. Caregivers were also provided with oral health education. Huntridge Teen Clinic was provided with funding to provide oral health education, sealants, and topical fluoride for 606 adolescents served by the clinic. St. Mary's Take Care-A Van placed dental sealants and fluoride varnish and provided prevention education in Washoe and selected rural counties. 2,429 second grade children received oral health education and screening. 1,829 second grade children received dental sealants on a total of 5,921 permanent molars. 1,823 pre-school children received topical fluoride varnish treatments. In 2002-2003, Saint Mary's Take Care A Van, the Nevada Dental Hygienists' Association and the Southern Nevada Community College Dental Hygiene Program are partnering with the Oral Health Program to provide dental sealants to a minimum of 3,250 children in 98 rural, underserved or low-income schools. Prevent Abuse and Neglect through Dental Awareness (P.A.N.D.A.) was implemented. 580 dental, medical, social services and childcare providers have been trained to recognize and refer child abuse and neglect. Support was provided for the fluoride initiatives in Clark and Washoe Counties.

Key Long-Term Goals

- Reduce children's risk for Early Childhood Caries.
- Increase the percent of third grade children with at least one dental sealant on a permanent molar.

Primary Care Development Center

Purpose

The purpose of the Primary Care Development Center (PCDC) is to assist in the development of a primary care system under which no Nevadan lacks access to primary health care services.

PCDC targets its activities towards enhancing the development of Nevada's primary care system through coordinating planning efforts, supporting primary health care providers in underserved areas, and promoting involvement of state and local health organizations in the provision of primary health care services.

PCDC emphasizes the development of public/private partnerships targeted toward expansion and enhancement of new primary care resources and provides assistance in community development. Major PCDC activities include:

- Designation of Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas or Populations (MUA/MUPS).
- Placement of health professional students in primary care clinical experiences in underserved communities through the National Health Service Corps (NHSC) Student/Resident Experiences and Rotations in Community Health (SEARCH) projects.
- Assistance to communities in the recruitment and retention of primary care health providers through the Conrad 20/J-1 Visa Waiver Program.
- Development of Nevada State and County Profiles and county needs assessments, policy data analysis, and performance measures.
- Establishment of a data warehouse and data linkages through the Maternal and Child Health State Systems Development Initiative Primary Care Development Project (MCH-SSDI).
- Support of health professions education and training through a special project in Elko and West Wendover funded by the Quentin Burdick Program.

Accomplishments and Significant Changes

- In 2001, it was estimated that approximately 525,000 people resided in federally - designated primary care Health Professional Shortage Areas in Nevada (25% of the population), which reflects a lack of access to primary medical care.
- During 2000-2001, 40 foreign medical graduates were placed in underserved rural and urban areas throughout Nevada through a program entitled the Conrad 20 program, more commonly referred to as the J-1 Visa Program. Participants normally serve three to five years. They are required to provide 40 hours per week of primary care.
- During 2000-2001, 135 health professional students completed clinical experiences working in a NHSC SEARCH site. These included homeless centers, tribal health clinics, HIV/AIDS clinics, medically underserved sites and mental health centers. The types of students that participated in rotations were medical students, medical residents, dental students, nurse practitioners, physician assistants, clinical psychologist, social worker and psychiatric residents.
- During 2000-2001, PCDC placed seven National Health Service Corps scholars and loan repayment professionals in underserved rural areas of Nevada (plus one in an underserved area of Las Vegas). The 7 included 2 physicians, 2 nurse practitioners, 2 physician assistants, and 1 clinical psychologist.
- During 2000-2001, PCDC completed 37 requests for Health Professional Shortage Areas (HPSA): 13 of the requests were for the re-designation of primary care HPSA; while 24 of the requests were for re-designation of dental and mental health HPSA and 11 were for new HPSAs.

County	J-1 Visa Placements	SEARCH Placements	NHSC Placements	HPSA Designations
Carson City		2	1	1
Churchill		7		2
Clark	31	21	1	3
Douglas			1	1
Elko	3	7		3
Esmeralda				3
Eureka		1	1	3
Humboldt				3
Lander				2
Lincoln		11	1	3
Lyon				3
Mineral	1		1	1
Nye	3	5	1	2
Pershing				3
Washoe	2	80		1
White Pine		1		3
Total	40	135	7	37

Key Long Term Goals

- Continue to foster public/private partnerships in order to expand access to primary care for underserved Nevadans and to help develop primary health care services and resources.
- Continue to provide technical assistance regarding shortage area designation, federal and private funding opportunities, and primary care needs identification to insure that primary care is available to all underserved residents of Nevada.
- Continue to provide all interested health professional students with a clinical or community primary care experience in an underserved Nevada community.

Special Children's Clinics

Purpose

The Special Children's Clinics (SCC) in Las Vegas and Reno serve as regional centers providing comprehensive, family-centered, community-based, multidisciplinary, early intervention, diagnostic, treatment, and follow-up services to families with children who have known or suspected developmental delays or are at risk of becoming developmentally delayed in the areas of cognition, communication, physical development, social and emotional development, and adaptive skills. Although the clinics occasionally serve children up to age 21, children birth through age two receive priority. Children in this age group are served through Part C, "Infants and Toddlers," of the Individuals with Disabilities Education Act (IDEA).

The clinics are the sole providers of assessment and follow-up services for the local hospitals' neonatal intensive care nurseries (NICU). Clinic staff includes pediatricians, clinical social workers, psychological developmental counselors, speech pathologists, audiologists, registered dietitians, physical and occupational therapists, developmental specialists, Spanish language interpreters, and parent resource coordinators.

The clinics also are the sites for specialty medical clinics for children in the areas of genetics disorders, metabolic disorders, NICU follow-up and craniofacial anomalies.

Accomplishments and Significant Changes

- In FY01, the SCCs served 4,314 children, which included opening 981 new cases in Las Vegas and 675 new cases in Reno. The majority of new cases were referrals from NICUs, community physicians, and Child Protective Services. SCC professionals performed a total of 22,972 diagnostic services (16,616 in Las Vegas; 6,356 in Reno), and 35,719 intervention services (22,568 in Las Vegas; 13,151 in Reno).
- The SCCs continue to experience significant growth and demand for services. Throughout the biennium, the length of time a child remains on a diagnostic waiting list for SCC services has grown, for some disciplines, to six weeks or more. The number of children on a treatment waiting list also continues to grow.

Key Long-Term Goals

- Decrease the time for availability of services from specific diagnostic disciplines.
- Decrease the number of children on the waiting list for intervention services.
- Expand the opportunities to provide services in natural environments to include the home and community child care setting.

BUREAU OF ALCOHOL AND DRUG ABUSE

Purpose

The mission of the Bureau of Alcohol and Drug Abuse is to reduce the impact of substance abuse in Nevada. This is accomplished by identifying and responding to the alcohol and drug concerns of Nevadans, facilitating a continuum of care through quality education, prevention, and treatment services by providing regulatory oversight and funding for community-based, public and private nonprofit organizations.

Statutory Authority

The Bureau is authorized, through the Health Division, in NRS Chapter 458.

Accomplishments and Significant Changes

- Transfer of counselor certification from BADA to the Board of Examiners for Alcohol and Drug Abuse Counselors.
- Transfer of halfway house regulation from the Bureau of Alcohol and Drug Abuse to the Bureau of Licensure and Certification.
- MAXIMUS funding of \$1,000,000 for adolescent treatment in the biennial budget.
- The Bureau's strategic plan was completed in March 2001; 7 plans were developed and 43 recommendations were made. Work groups were formed to implement the recommendations in each area.
- Supported local programs for 11,113 admissions to receive treatment services in SFY 00 and 11,187 admissions in SFY 01.
- Supported local programs so that 7,698 children and adolescents benefited from prevention programs in SFY00 and 8,430 in SFY01.

Key Long – Term Goals

- Implement recommendations of the seven strategic plans and re-evaluate results of the implementation.
- Implement new Client Data System for all treatment programs.
- Receive a State Incentive Grant to expand coalition prevention programs state wide.
- Support local programs so that at least 9,000 Nevada children and adolescents (unduplicated) benefit from prevention programs annually.
- Support local programs so that at least 12,000 admissions to treatment services occur annually.